

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective NB: 09/30/05 Ren: 11/05/05.

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Farm</u> | \$ 6,067,230 | +1.2 |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

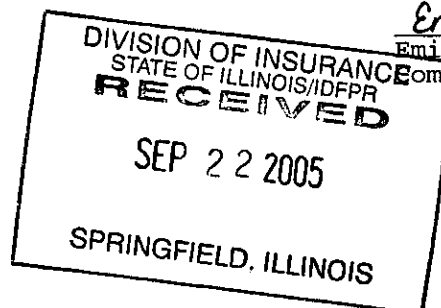
Brief description of filing. (If filing following rates of an advisory organization, specify organization): Rate and Rule Revision.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Auto-Owners Insurance Company
Name of Company

30004 (6-77)



Emily Schmit
Emily Schmit, Administrator
Comm. Property and Liability Actuarial

SUMMARY SHEET

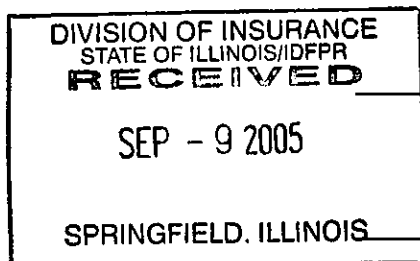
Change in Company's premium or rate level produced by rate
revision effective 01/15/06

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | \$68,887 | -6.9% |
| 10. Extended Coverage | \$17,096 | -6.9% |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Special Cause of Loss</u> | \$25,336 | -6.9% |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Filing to adopt ISO Rule and revise LCM's.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.



Citizens Insurance Company of America
Name of Company

Michele L. Holm - Sr. Pricing Analyst
Official - Title

SUMMARY SHEET

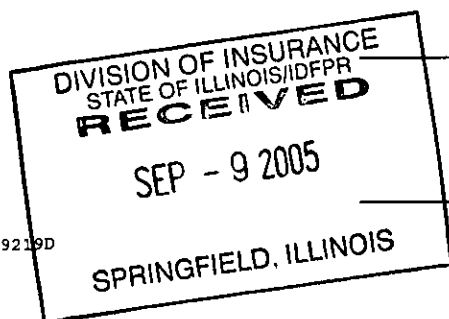
Change in Company's premium or rate level produced by rate
revision effective 01/15/06.

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | \$10,300 | -6.9% |
| 10. Extended Coverage | \$2,379 | -6.9% |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Special Cause of Loss</u> | \$3,187 | -6.9% |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Filing to adopt ISO Rule and revise LCM's.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.



Citizens Insurance Company of Illinois
Name of Company

Michele L. Holm - Sr. Pricing Analyst
Official - Title

H29219D

SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective 1/1/2006

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Businessowners</u> | \$576,613 | -0.20% |
| Line of Insurance | | |

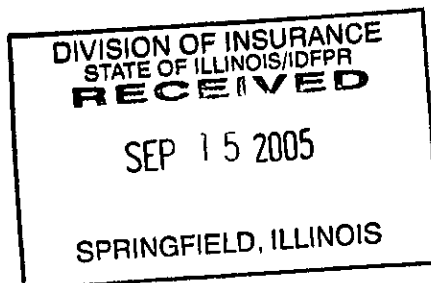
Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

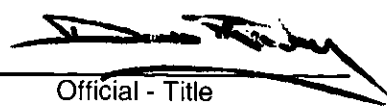
Removed the surcharge for having multiple mercantile occupancies within one building.

* Adjust to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Columbia Mutual Insurance Co.
Name of Company


Official - Title
Dennis McVay, CPCU
Director, Research & Development

Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective: 9-05-05.

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Worker's Compensation | | |
| 16. Other <u>Umbrella</u> | 5,425 | 6.0% |
| Line of Insurance | | |

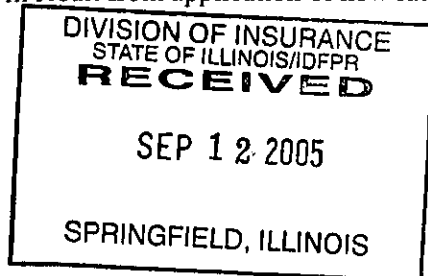
Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

All Territories

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

General Rate Revision personal

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which
will result from application of new rates.

COUNTRY Casualty Insurance Company

Name of Company

Ronald D. Pridgeon

Chief Property/Casualty Actuary

Official and Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective: 9-05-05.

| (1) | (2) | (3) |
|-------------------------------|--------------------------------------|------------------------------|
| Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Worker's Compensation | | |
| 16. Other Farmowners | 56,257,063 | 0.0% |
| Line of Insurance | | |

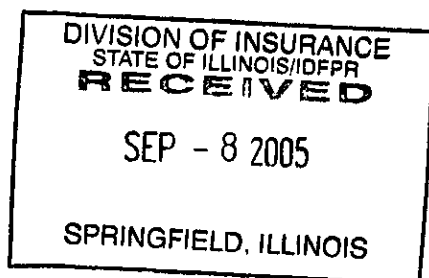
Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

All Territories

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

General Rate Revision

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which
will result from application of new rates.COUNTRY Mutual Insurance Company

Name of Company

Ronald D. Pridgeon

Chief Property/Casualty Actuary

Official and Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective: 9-05-05.

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Worker's Compensation | | |
| 16. Other Umbrella | 7,695,208 | 6.0% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

All Territories

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

General Rate Revision - personal and farm

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which
will result from application of new rates.

COUNTRY Mutual Insurance Company

Name of Company

Ronald D. Pridgeon

Chief Property/Casualty Actuary

Official and Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

10/01/05

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---------------------------------|---|-------------------------------------|
| 1. Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | 345,433 | -3.0% |
| 10. Extended Coverage | 214,785 | -2.5% |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Earthquake</u> | 5,906 | 0.0% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

ISO

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Employers Mutual Casualty Company

Name of Company

Don CoughenowerAssistant Vice President

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

11/01/05

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------------|---|-------------------------------------|
| 1. Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Commercial Package</u> | 495,495 | -8.6% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

ISO

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Employers Mutual Casualty Company

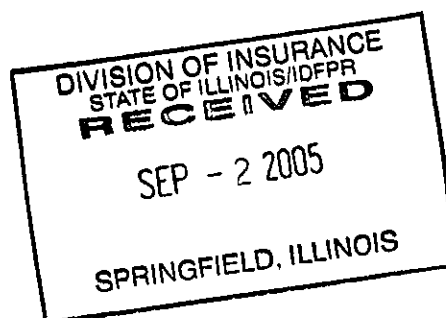
Name of Company

0

Don Coughenower

0

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 11/01/2005

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Commercial Fire</u> Line of Insurance | \$2,752,894 | -15% |

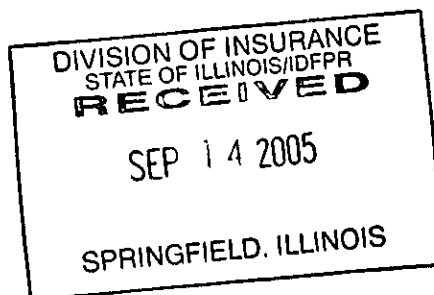
 Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing for approval of our revised Property loss cost multipliers, to be effective 11/01/2005

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

General Casualty Company of Illinois
 Name of Company

Sharon Reeve - Rate Development Technician
 Official - Title


ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 11/01/2005

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Commercial Fire</u> Line of Insurance | \$496,111 | -15% |

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing for approval of our revised Property loss cost multipliers, to be effective 11/01/2005

*Adjusted to reflect all prior rate changes.

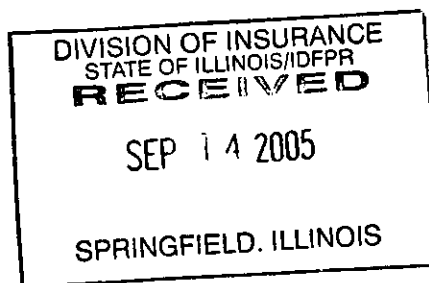
**Change in Company's premium level which will result from application of new rates.

General Casualty Company of Wisconsin

Name of Company

Sharon Reeve - Rate Development Technician

Official - Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 01/15/06.

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | \$510,533 | -6.9% |
| 10. Extended Coverage | \$153,748 | -6.9% |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Special Cause of Loss</u> | \$215,740 | -6.9% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Filing to adopt ISO Rule and revise LCM's.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED

SEP - 9 2005

SPRINGFIELD, ILLINOIS

#29219D

Hanover Insurance Company
Name of Company

Michele L. Holm - Sr. Pricing Analyst
Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED

SEP 21 2005

SPRINGFIELD, ILLINOIS

20 ILLINOIS ADMINISTRATIVE CODE

CHAPTER 112H
SUBCHAPTER 1

Section 754 EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective October 15, 2005

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---|-------------------------------------|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Businessowners</u> | <u>\$18,500,000 est.</u> | <u>+1.5%</u> |
| Life or Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This change applies to non owned auto coverage with a delivery exposure.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Implementing relativities for Driver and Delivery Characteristics.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Illinois Casualty Company

Howard Beck Name of Company CPCU, AU FILED

Program Manager MAR 17 1983

Official Title

808-181 CODE UNIT

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

10/01/05

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | 2,038,797 | -1.1% |
| 10. Extended Coverage | 1,427,736 | -2.8% |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Earthquake</u> | 37,214 | 0.0% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

ISO

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

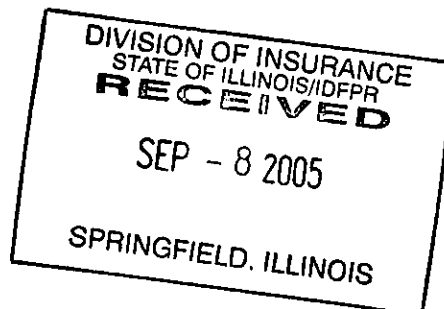
Illinois Emcasco Insurance Company

Name of Company

Don Coughenower

Assistant Vice President

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

11/01/05

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Commercial Package</u> | 3,155,307 | -8.6% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

ISO

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Illinois Emcasco Insurance Company

Name of Company

0

Don Coughenower

0

Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED

SEP - 2 2005

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective: January 1, 2006

| (1) | (2) | (3) |
|---|--|--------------------------------------|
| <u>Coverage</u> | <u>Annual Premium Volume (Illinois)*</u> | <u>Percent Change (+ or -)**</u> |
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary & Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler & Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine _____ | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Worker's Compensation | | |
| 16. Other: Artisans | \$263,556 (12-31-04) | +3% |
| Line of Insurance | | |



Does filing only apply to certain territory (territories) or certain classes? _____

If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revising Contractors' Equipment, Leased Equipment, Sub-contractor, and Care, Custody or Control Premiums/Rates. Revising and adding Classifications. Revising policy writing minimum premium and deleting maximum additional insured charge.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

IMT Insurance Company (Mutual)
Name of Company

Anita Lee, CPCU, ARP, Senior Compliance Analyst, Research & Development
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

October 15, 2005

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Animal</u> | 364,981 | +12.2% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

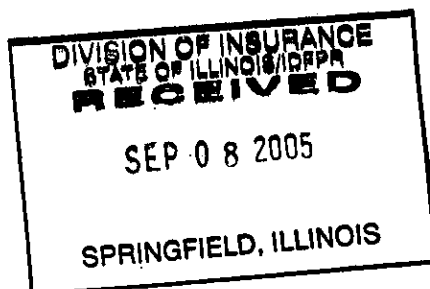
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate revision for PetCare Insurance Program

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

H29219D

Lincoln General Insurance
Company

Name of Company

V.P.
Official - Title

SUMMARY SHEET

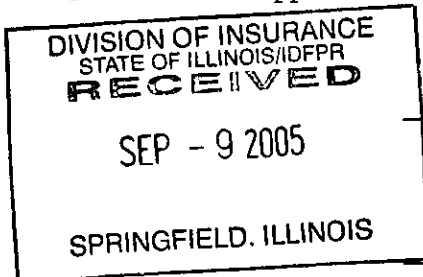
Change in Company's premium or rate level produced by rate
revision effective 01/15/06

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | \$1,374,258 | -6.9% |
| 10. Extended Coverage | \$376,214 | -6.9% |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Special Cause of Loss</u> | \$495,546 | -6.9% |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Filing to adopt ISO Rule and revise LCM's.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.



Massachusetts Bay Insurance Company
Name of Company

Michele L. Holm - Sr. Pricing Analyst
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective November 1, 2005

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other General Liability | \$17,282,933 | -9.9% |
| <u>Line of Insurance</u> | | |

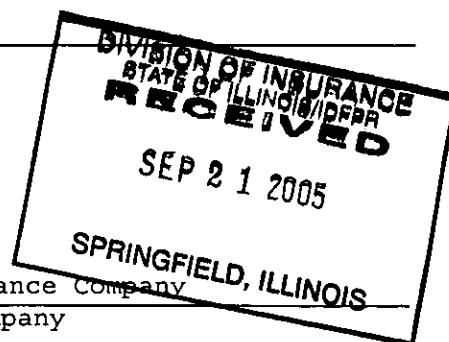
Does filing only apply to certain territory (territories) or certain classes?

If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): ISO IL-GL-2005-BGL1 effective 11/1/2005

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will
result from application of new rates.

Old Republic Insurance Company
Name of Company



Deborah J. Matthews - Manager - Regulatory Compliance
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 11/01/2005

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Commercial Fire</u> | \$4,480,586 | -15% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Filing for approval of our revised Property loss cost multipliers, to be effective 11/01/2005

*Adjusted to reflect all prior rate changes.

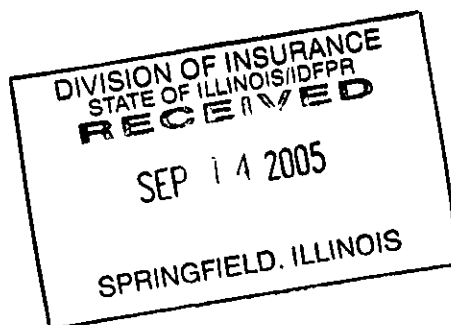
**Change in Company's premium level which will result from application of new rates.

Regent Insurance Company

Name of Company

Sharon Reeve - Rate Development Technician

Official - Title



Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

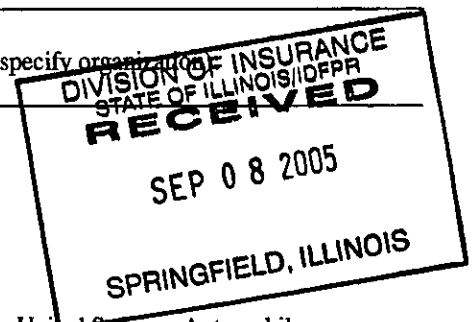
11-1-2005

| (1) | (2) | (3) |
|--|--|-------------------------------------|
| <u>Coverage</u> | <u>Annual Premium Volume (Illinois)*</u> | <u>Percent Change (+or -)**</u> |
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Renters</u> | <u>\$831,905</u> | <u>+4.1 %</u> |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization)
Rate Revision

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



United Services Automobile
Association

Name of Company

John Mancini, Executive Director
Regulatory Compliance

Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

11-1-2005

| (1) | (2) | (3) |
|-------------------------------|--|-------------------------------------|
| <u>Coverage</u> | <u>Annual Premium Volume (Illinois)*</u> | <u>Percent Change (+or -)**</u> |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Renters</u> | <u>\$1,066,239</u> | <u>+4.3 %</u> |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.



USAA Casualty Insurance

Company

Name of Company

John Mancini, Executive Director
Regulatory Compliance

Official - Title

H29219D